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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of	Suppression of Transplant Rejection						
invention							
As the below named inventor(s), I/we declare that:							
This declar	ation is directed to:						
	The attached application, or						
	✓ Application No. PCT/GB2004/002647 , filed on JUNE 19, 2004 ,						
	as amended on(if applicable);						
I/we believe sought;	that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is						
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to be true, punishable	nts made herein of mylown knowledge are true, all statements made herein on information and belief are believed and further that these statements were made with the knowledge that willful false statements and the like are by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any ing thereon.						
Inventor or	E OF INVENTOR(S) e: ANDREW BUSHELL						
Signature:	Citizen of: UNITED KINGDOM						
Inventor tw	o: KATHRYN WOOD						
Signature:	Citizen of: UNITED KINGDOM						
Inventor th	ree: MUHZUZ KARIN						
Signature;	Citizen of: _UNITED KINGDOM						
Inventor fo	ur; VANESSA OLIVEIRA						
Signature:	Citizen of: PORTUGAL						
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1	ME OF INVENTOR(S)							
Inventor five: BRIGIT SAWITZKI								
Signature:Citizen of: PORTUGAL								
Inventor s	ix:							
Signature:Citizen of:								
Inventor seven:								
Signature	:Citizen of:							
Inventor e	Inventor eight:							
Signature	Signature:Citizen of:							
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	ME OF INVENTOR(S)	
	one: ANDREW BUSHELL	
Signature:	: Citizen of: UNITED KINGDOM	
Inventor tw	WO: KATHRYN WOOD	
Signature:	: Law Sund Citizen of: UNITED KINGDOM	
Inventor th	hree: MUHZUZ KARIN	
Signature:	:Citizen of: UNITED KINGDOM	
	four: _VANESSA OLIVEIRA	
Signature:	:Citizen of: PORTUGAL	
✓ Addi	ditional inventors or a legal representative are being named on additional form(s) attact on of information is required by 35 U.S.C., 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the p	hed hereto.
minute to con case. Any con	of of climination as required by 3 S.U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the p USPTO to process 30 an application. Conformatilly is governed by 3 S.U.S.C. 12 and 37 CFR 1.11 and 1.41. This collection is propriete. Including galbraine, preparing, and submitting the completed application from 10 the USPTO. Time will vary depending processed on the simprox of time governey to complete its broader suggested for reducing this burstle, should see and to 1 processed on the simprox of time governey to complete its formation. P.O. Box 1605, Rezeardin, 3.V. 2313-1460, DO NOT SEND FEET THIS ADDRESS. SEND 10. Commissioner for Patients, P.O. Box 1605, Rezeardin, 3.V. 2313-1460.	estimated to take 1 upon the individual

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

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FULL NAM	OF INVENTOR(S)					
Inventor on	e: ANDREW BUSHELL					
Signature:	Citizen of: UNITED KINGDOM					
Inventor tw	: KATHRYN WOOD					
Signature:	Citizen of: UNITED KINGDOM					
Inventor three: MAHZUZ KARIM						
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Inventor fo	IT: VANESSA OLIVEIRA					
Signature:	Citizen of: PORTUGAL					
✓ Addi	ional Inventors or a legal representative are being named on additional form(s) attached hereto.					

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Inventor fiv	e: _BRIGIT SAWITZKI						
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FIII NAM	E OF INVENTOR(S)							
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	e; ANDREW BUSHELL							
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	ur; VANESSA OLIVEIRA							
Signature:	Liness Alexander G. de Oliveia Citizen of: PORTUGAL							
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	E OF INVENTOR(S)						
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J.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	Application Number	10/561,411
POWER OF ATTORNEY	Filing Date	December 19, 2005
and	First Named Inventor	Andrew Busheli
CORRESPONDENCE ADDRESS	Title	Suppression of Transplant Rejection
INDICATION FORM	Art Unit	
INDICATION FORM	Examiner Name	
	Attorney Docket Number	ISI-101

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POWER OF ATTORNEY	Filing Date	December 19, 2005
and	First Named Inventor	Andrew Bushell
CORRESPONDENCE ADDRESS	Title	Suppression of Transplant Rejection
INDICATION FORM	Art Unit	
INDICATION FORM	Examiner Name	
	Attorney Docket Number	ISI-101
I hereby revoke all previous powers of attorney giv	en in the above-identified a	application.
I hereby appoint:		
Practitioners associated with the Customer Number:	23557	
OR L		
Practitioner(s) named below:		
Name	R	egistration Number
as my/our attorney(s) or agent(s) to prosecute the application in Trademark Office connected therewith.	dentified above, and to transact a	Il business in the United States Patent and
Please recognize or change the correspondence address for the The address associated with the above-mentioned Correspondence.		

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| am the:
| Applicant/inventor.

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Firm or Individual Name
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City

Country

The address associated with Customer Number:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature Signature Cally Twood

Name ATHRYN WOOD Telephone Lyu, 1 1/2 6 23,173 c.

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NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representativn(s) are required. Submit multiple forms if more than one

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Application Number

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10/561,411

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM Thereby revoke all previous powers of attorney given in the above-identified application. Thereby appoint: Pradilitores associated with the Customer Number: 23557	
CORRESPONDENCE ADDRESS INDICATION FORM Title At Unit Examiner Name Attorney Docket Number I bereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:	
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City State Zip Country Telephone Email Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record Signature

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JUMP Date 6TH JAN 2006 Name MAHZUZ KARIM Telephone 01603 288930 (uk CONSULTANT MEPHROLOGIST, NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS TRYS Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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	Applic	ation Number	10/561,411
POWER OF ATTORNEY	Filing	Date	December 19, 2005
and	First N	amed Inventor	Andrew Bushell
CORRESPONDENCE ADDRESS	Title		Suppression of Transplant Rejection
	Art Un	lt	
INDICATION FORM	Exami	ner Name	
	Attorn	ey Docket Number	ISI-101
I hereby revoke all previous powers of attorney gi	iven in th	e above-identified	application.
I hereby appoint:			
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Trademark Office connected therewith.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Please recognize or change the correspondence address for the above-identified application to:

SIGNATURE of Applicant or Assignee of Record

Signature Viness Newconder 5 de Oliveire Date 13.01.06
Name VANESSA OLIVEIRA Telephone 94.684 (16)3

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INDICATION FORM

Application Number	10/561,411
Filing Date	December 19, 2005
First Named Inventor	Andrew Bushell
Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

	ir previous powers or attorney given in	the above-identified app	ilication.
I hereby appoint:			
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OR The address	s associated with the above-mentioned Custom	er Number:	
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Assignee of	record of the entire interest. See 37 CFR 3.71. Inder 37 CFR 3.73(b) is enclosed. (Form PTO/	SR/06)	
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Signature		cant or Assignee of Record	
Name	BRIGIT SAWITZKI		Date 10, 1, 2006
Title and Company	Dr. Handston Charile	University Medicia	
	I the Inventors or assignees of record of the entire inte	, , , , , , , , , , , , , , , , , , , ,	
signature is required, so	the inventors or assignees of record of the entire inte se below*.	rest or trien representative(s) are re-	quired. Submit multiple forms if more than one
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